## CLAIMS ONLY

| Application Number | Filing Date |
|---|---|
| 10/650,644 | |
| Applicant(s) | |

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | * | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | 1 | | | | | | 51 | | | | | |
| 2 | | | | | | | 52 | | | | | |
| 3 | | | | | | | 53 | | | | | |
| 4 | | | | | | | 54 | | | | | |
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| 8 | | | | | | | 58 | | | | | |
| 9 | 1 | | | | | | 59 | | | | | |
| 10 | | | | | | | 60 | | | | | |
| 11 | | | | | | | 61 | | | | | |
| 12 | | | | | | | 62 | | | | | |
| 13 | | | | | | | 63 | | | | | |
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| 16 | | | | | | | 66 | | | | | |
| ~~17~~ | | | | | | | 67 | | | | | |
| 18 | | | | | | | 68 | | | | | |
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| 21 | | | | | | | 71 | | | | | |
| 22 | | | | | | | 72 | | | | | |
| 23 | | | | | | | 73 | | | | | |
| 24 | 1 | | | | | | 74 | | | | | |
| 25 | | | | | | | 75 | | | | | |
| 26 | | | | | | | 76 | | | | | |
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| 36 | | | | | | | 86 | | | | | |
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| 40 | | | | | | | 90 | | | | | |
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| 42 | | | | | | | 92 | | | | | |
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| 47 | | | | | | | 97 | | | | | |
| 48 | | | | | | | 98 | | | | | |
| 49 | | | | | | | 99 | | | | | |
| 50 | | | | | | | 100 | | | | | |
| Total Indep | 3 | | | | | | Total Indep | | | | | |
| Total Depend | 21 | | | | | | Total Depend | | | | | |
| Total Claims | 24 | | | | | | Total Claims | | | | | |